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STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE
Onida Watchman		09/30/2008
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE $
Weekly	52	28, 32, 34

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
P.O. Box 245, Onida, Sully, South Dakota, 57564-0245

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
P.O. Box 245, Onida, Sully, South Dakota, 57564-0245

6. FULL NAME OF PUBLISHER: Curtis R. Olson

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
The Onida Watchman, Inc.	P.O. Box 245 - 116 S. Main St. - Onida, SD 57564

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

None

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	1180	1180
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	119	125
2. Mail Subscription (Paid and or requested)	873	891
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	992	1016
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	44	51
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	1036	1067
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	144	113
2. Return from News Agents	0	0
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	1180	1180

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

(Signature)

Publisher
(Title)

State of South Dakota)
§
County of Sully)

Sworn to before me this 6 day of Oct, 2008

Notary Public

(Seal)

My commission expires: 4-24-2010

Form: SOS REC 051 7/2004

STOCKHOLDERS

Richard R. Olson
18607 303rd Ave.
Onida, South Dakota 57564

Form: SOS REC 051 7/2004